

**• CLAIMS ONLY**

**Application Number**

10-614336

Filing Date

Filing Date: 8/22/65

**Applicant(s)**

\* May be used for additional claims or amendment.

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20	/						70					
21	/						71					
22	/						72					
23	/						73					
24	/						74					
25	/						75					
26	/						76					
27	/						77					
28	/						78					
29	/						79					
30	/						80					
31							81					
32		/					82					
33		/					83					
34		/					84					
35		/					85					
36		/					86					
37		/					87					
38		/					88					
39	/						89					
40							90					
41		/					91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	35						Total Depend					
Total Claims	38						Total Claims					